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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOOL 219

1. Corporation Name AQUACOM INC.	33000001									
Principal Place of Business	Maili	ing Address				1 100110011	10 19191 B1111 B#111			
1000 ISLAND BLVD	1000	ISLAND BLVD			}					
#311	#311						DO NOT W	DITE IN TH	IS SPACE	
AVENTURA FL 33160	AVEN	TURA FL 33160		يرجنت		Date incorpor			Z Z	
03	- 00				,	01/05/199		-		}
2. Principal Place of Business	2a h	Mailing Address				FEI Number			T A	pplied For
21	26	,				65-054673	5		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·		\$8.75	Additional
22	27				5.	Certificate of S	status Desired	<u> </u>	Fee R	lequired
City & State		City & State			6.	Election Cam	paign Financin	9 🗆	\$5.00	May Be
23	28					Trust Fund Co	ontribution		Added	to Fees
Zip Cou	untry Z	Zip	_ Country	′	8.	This corporati		ırrent year l		m.,
24 25	29	3	10			Personal Prop			☐ Yes	□No
9. Name and Ad	Idress of Current Registe	ered Agent	81	Marzo	10.	Name and A	acress of Nev	Registere	a Agent	
HOFRICHTER, ALEX			01							
9350 S. DIXIE HWY			82	Street A	ddress (P	O. Box Numb	er is Not Acce	ptable)		Ì
SUITE 1500			83	ļ <u>.</u>						
MIAMI FL 33156			63	1						
marin 1 E 00100			84	City				F	85 Zip	Code
	0 007 0500 ++4 507				ornoration		tatement for t			s registered _
-11 -Pursuant to the provisions of 3	Sections 607 USUZ and 607	7.1508. Florida Statutes	s, the above	e-named c	orporation	1 SUDMILS INIS 3	State HOLL	e pui pose	or critering in	
-11Pursuant to the provisions of office or registered agent, or tagent. I am familiar with, and SIGNATURE	accept the obligations of, S	Section 607.0303, Plonic	ia Statutes),		_	s. I hereby acc	_	ointment as r	egistered
agent. I am familiar with, and SIGNATURE Signature, typed or printed	name of registered agent and title if a	applicable. (NOTE: R	Registered Age	e-named corpor the corpor s.	luired when r	einstating)		DATE	•	
agent. I am familiar with, and SIGNATURE Signature, typed or printed	accept the obligations of, S	applicable. (NOTE: R	ia Statutes),	luired when r	_		DATE	•	ORS IN 12
SIGNATURE Signature, typed or printed	name of registered agent and title if a	applicable. (NOTE: R	Registered Age),	luired when r	einstating)		DATE	AND DIRECT	ORS IN 12
SIGNATURE Signature. typed or printed 12. TITLE NAME P INZELSTEIN, MA	name of registered agent and tible if a OFFICERS AND DIREC	applicable. (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME),	luired when r	einstating)		DATE	AND DIRECT	ORS IN 12
SIGNATURE Signature. typed or printed 12. TITLE NAME STREET ADDRESS P INZELSTEIN, MA 1000 ISLAND B	name of registered agent and title if a OFFICERS AND DIRECTOR ARC LVD #311	applicable. (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature req	luired when r	einstating)		DATE	AND DIRECT ☐ Change	ORS IN 12
SIGNATURE Signature. typed or printed 12. TITLE NAME P INZELSTEIN, MA	name of registered agent and title if a OFFICERS AND DIRECTOR ARC LVD #311	applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	nt signature req	luired when r	einstating)		DATE	AND DIRECT	ORS IN 12
SIGNATURE Signature. typed or printed 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP PINZELSTEIN, MA 1000 ISLAND 8I WILLIAMS ISLAN	name of registered agent and title if a OFFICERS AND DIRECTOR ARC LVD #311	applicable. (NOTE: R CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature req	luired when r	einstating)		DATE	AND DIRECT ☐ Change	ORS IN 12
SIGNATURE Signature. typed or printed 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Agent. I am familiar with, and Signature. typed or printed 1000 ISLAND BI WILLIAMS ISLAN	name of registered agent and title if a OFFICERS AND DIRECTOR ARC LVD #311	applicable. (NOTE: R CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature req	luired when r	einstating)		DATE	AND DIRECT	ORS IN 12
agent. I am familiar with, and SIGNATURE Signature, typed or printed 12. TITLE PINZELSTEIN, MASTREET ADDRESS WILLIAMS ISLAN TITLE NAME STREET ADDRESS	name of registered agent and title if a OFFICERS AND DIRECTOR ARC LVD #311	applicable. (NOTE: R CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature req	luired when r	einstating)		DATE	. AND DIRECT Change	ORS IN 12 Addition
SIGNATURE Signature. typed or printed 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	name of registered agent and title if a OFFICERS AND DIRECTOR ARC LVD #311	applicable. (NOTE: R CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature req	luired when r	einstating)		DATE	AND DIRECT	ORS IN 12 Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP